Steps to Check HIV Infection in Rural Areas

*455. DR. D. VENKATESHWAR RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India is likely to have the largest number of HIV victims in the World by 2000; and

(b) if so, the steps taken to stop the spreading of the infection in the rural areas?

THE MINISTER OF STATE OF THE MINISTERY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) WHO/UNAIDS has published a report on the global HIV/AIDS epidemic in June, 1998 in which they had reported that India will have largest number of HIV infected people in the World.

(b) In order to preverU and control HIV/AIDS in India, a comprehensive programme is currently under implementation as a centrally sponsored scheme throughout the country; in urban as well as rural areas. The strategies of the programme consists of, (i) Strengthening of programme management capabilities at centre and state levels by greater decentralisation to the field level for community involvement; (ii) Creation of awareness amongst high risk behaviour groups and targeted groups in general population about HIV/AIDS; (iii) Control of Sexually Transmitted Diseases. and promotion of Condom use; (iv) Ensure safety of Blood and Blood products; (v) Strengthen the surveillance system; and (vi) Creating an enabling socio-economic environment for people living with HIV/AIDS and to take effective measures for their care and support.

Discontinuing the grant to Hindustan Fertilizer Corporation for rainfed farming project

*456. SHRI NILOTPAL BASU: Will the Minister of CHEMICALS AND ' FERTILIZERS be pleased to state:

(a) whether Government have decided to discontinue the grant to Hindustan Fertilizer Corporation for rainfed farming project:

(b) if so, the reasons therefor in view of the top priority assured for development of rainfed areas in the budget statement; and

(c) if not, the grant extended this year to HFC against the grant extended during the last three years?

THE MINISTER OF CHEMICALS AND FERTILIZERS (SHRI SURJIT SINGH BARNALA: (a) to (c) Hindustan Fertilizer Corporation Ltd. (HFC) implemented a Rainfed Farming Project in 8 districts of Eastern India from 1989 to 1995 with financial assistance from the Overseas Development Administration (OEJA), UK. This financial assistance was routed through the Government budget. HFC's proposal for a new project to be undertaken beyond 1995 was not approved by ODA on the ground that the future of HFC was not certain.

Outbreak of Gaestro-Entcritis in Assam

*457. DR. ARUN KUMAR SARMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of gaestro-entritis outbreak in Assam during last five years;

(b) whether this epidemic is largely concentrated in tea-gardens and adjoining areas;

(c) if so, the reasons for such concentration and the details of affected gardens and reported deaths, year-wise;

,(d) whether any Specialist Team had investigated this outbreak;

(e) if so, the details of their findmgs, suggested measures, steps taken and financial allocation made for controlling the said disease;

(f) whether Government propose to pay compensation to the affected families of diseased persons who died due to lack of medical facilities; and

(g) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) to (c) Cases and deaths due to Gastro-entritis reported in Assam during the last five year given below:—

Year	Cases	Deaths
1993	11665	146
1994	17407	586
1995	13009	624
1996	2685	130
1997	328	07
1998	10551	268 (upto, 10.7.1998)

The increase in cases is due to contamination of drinking water and poor sanitation. Forty Tea Estates were affected of which 26 are in Jorhat District and 14 in Golaghat District. Separate tea estate-wise figures are not available.

(b) An Officer from National Institute of Communicable Diseases, Delhi investigated the out--break from 30.6.98 to 7.7.98. Teams from Assam Medical College Hospital, Dibrugah and Guwahati Medical College, Guwahati also visited the affected areas.

(e) The areas of outbreaks had inadequate safe drinking water and sanitation facilities. Measures for prevention and control of water borne diseases include provison of safe drinking water, chlorination of water sources, improvement of sanitation facilities and strengthening of health infrastructure in critical areas for proper ease management.

State Health Authorities have reported that:—

(i) Medical teams have been sent to the affected areas;

(ii) Chlorination of water has been arranged;

(iii) Essential medicines have been procured; and

(iv) Health Education Cells of the districts have been engaged in extensive health education.

(f) and (g) Government have no scheme to pay compensation to the affected familes.

Spread of Tuberculosis in Orissa

*458. SHRI RAHASBIHARI BARIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the incidents of Tuberculosis (TB) in Orissa;

(b) whether these incidents are iricreasing mostly in the tribal and mining areas; and

(c) if so, the details of the steps taken to provide proper and adequate treatment to the TB patients in these areas?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir.

(b) The incidents of Tuberculosis eases reported under the programme have by and large remained static over the years both in tribal and mining areas.

(c) The National TB Control Programme is being implemented In all States/UTs including Orissa. Under thi» programme anti-TB drugs for treatment of patients is being provided by the Central Government to the States/UTs.